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From:	Doreen J. Gridley
Phone:	317-236-2472
Subject:	<p>RE: Response to Office Action</p> <p>Applicants: SCOTT, Steve T., et al.</p> <p>Serial No.: 09/802,398</p> <p>Filed: March 9, 2001</p> <p>Invention: METHOD AND SYSTEM FOR SUPPLY CHAIN PRODUCT AND PROCESS DEVELOPMENT COLLABORATION</p> <p>Art Unit: 2165</p> <p>Examiner: PARDO, Thuy N.</p> <p>Confirmation No.: 7547</p> <p>Our Docket: P00509-US-01 (04690.0007)</p> <p>xx Transmittal Form PTO/SB/21 (09-04)</p> <p>xx Response to Office Action</p> <p>xx Change of Correspondence Address <i>Application</i> PTO/SB/122 (01-06)</p>

Message:

Please see the attached documents.

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Client / Matter: 04690.0007

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0581-0021
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TRANSMITTAL FORM	Application Number	09/802,398	
	Filing Date	March 9, 2001	
	First Named Inventor	SCOTT, Steve T., et al.	
	Art Unit	2165	
	Examiner Name	PARDO, Thuy N.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	P00509-US-01 (04690.0007)
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address Application PTO/SB/122 (01-06)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	ICE MILLER LLP		
Signature			
Printed name	Doreen J. Gridley		
Date	06/02/06	Reg. No.	35,167

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Typed or printed name	LISA D. HARDEN	Date	June 2, 2006

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